



WORK - STUDY TIME RECORD (STUDENT SERVICES)

1. AGREEMENT CONTROL NO.	2. NAME OF VETERAN - STUDENT	3. CLAIM FILE NO. <i>(Include prefix)</i>
4. APPROVED PERIOD OF EMPLOYMENT <i>(Month, day, year)</i>		5. TOTAL NO. OF HOURS TO BE WORKED
A. FROM	B. TO	

INSTRUCTIONS - Use Remarks Section on reverse to show changes in Items 6A and 6B. Include effective dates.

6A. PLACE OF EMPLOYMENT	6B. NAME OF SUPERVISOR	
6C. MAILING ADDRESS OF SUPERVISOR		6D. TELEPHONE NO. OF SUPERVISOR

7. SCHEDULE OF HOURS WORKED

[illegible]

7. SCHEDULE OF HOURS WORKED (Continued)

[illegible]

REMARKS